

# SHARE

STATE OF NEW MEXICO  
DEPARTMENT OF FINANCE AND ADMINISTRATION

## Warrant/Voucher Information Sheet

1089

VENDOR #

DATE 12/30/2011

Payee

\$ 655.00



Fund / Agency

000 66500

Document Number

AP 00277869

B4R

COD3

B4RCOD3

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD

AsofDate 12/27/2011

Voucher	Vchr	VchrLineDescr	Distr Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
---------	------	---------------	---------------	---------	------	------------	------	-------------------	---------------	----------------	--------------

Number	Line	Line#	Description	WithHold	Year	Month					
--------	------	-------	-------------	----------	------	-------	--	--	--	--	--

00277869	1	IS Meals & Lodging	1	542200	Employee I/S Meals & L	06101	MCGRATH BR-001	2012	12	0000084346	McGrath, B. 12.4	655.00
----------	---	--------------------	---	--------	------------------------	-------	----------------	------	----	------------	------------------	--------

Total For Voucher											655.00
-------------------	--	--	--	--	--	--	--	--	--	--	--------

**RECEIVED**  
**DEC 27 2011**  
**DFA**  
**FINANCIAL CONTROL**

FCD Audit Bureau  
*Bycoiden*

AGENCY  
NAME New Mexico Department of Health

**STATE OF NEW MEXICO  
ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES**

PAGE 2

DATE 12/4/11

AGENCY  
CODE 66500

VOUCHER  
NUMBER 00277869

NAME <b>Brad McGrath</b>	CAR LICENSE NUMBER <b>GS2411</b>	POST OF DUTY <b>Roswell</b>	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
SOCIAL SECURITY NUMBER <span style="background-color: black; color: black;">[REDACTED]</span>	MODEL <b>Ford</b>	RESIDENCE <b>Roswell</b>	ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>
NORMAL WORK DAY <b>8am</b> TO <b>5pm</b>	YEAR <b>2011</b>		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES <small>ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS</small>	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
12/4/44	6:00am		Depart Roswell to Santa Fe to meet with Secretary of Health Overnight Santa Fe rates apply				135.00	✓	135.00
12/5/11			Overnight Santa Fe rates apply				135.00	✓	135.00
12/6/11			Overnight Santa fe rates apply				135.00	✓	135.00
12/7/11			Overnight Santa Fe rates apply				135.00	✓	135.00
12/8/11			tour ABQ facilities overnight ABQ ABQ reg rate				85.00	✓	85.00
12/9/11		7:00pm	Depart ABQ to Roswell partial day per diem-13.0 hrs				30.00	✓	30.00

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL ☐

APPROVED RATES ☒

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

Employee Signature

Date

TOTALS

655.00

655.00

Advance Amount  
@ 80%

Adjusted  
Reimbursement

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the PerDiem and Mileage Act.

I, **Brad McGrath**

do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DFA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE

☒

*[Signature]*

12/4/11

Page 10

DEC 22 11 48:03

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit: 66500

Voucher ID: 00277869

Voucher Style: Regular

Invoice Number: McGrath, B. 12.4-12.9.11

Invoice Date: 12/22/2011

Total: 655.00

Vendor: MCGRATH, BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
SANTA FE, NM 87502

\*Pay Terms:

Saved

## Payment Information

Find | View All

First 1 of 1 Last

Scheduled Payment: 1

\*Remit to:

Location:

001

\*Address:

1

MCGRATH, BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
1190 S ST FRANCIS DR SUITE N-3059  
SANTA FE, NM 87502

Gross Amount:

655.00

USD

Discount:

0.00

USD

☐ Discount Denied

Late Charge

Scheduled Due:

12/22/2011

Net Due:

12/22/2011

Discount Due:

Accounting Date:

## Payment Method

\*Bank:

WFB10

\*Account:

B

\*Method:

CHK

Check

Pay Group:

\*Handling:

RE

\*Netting:

N

Message:

Message will appear on remittance advice.

[Messages](#)

**Summary** | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500

Invoice Number: McGrath, B. 12.4-12.9.11

Voucher ID: 00277869

Invoice Date: 12/22/2011

Voucher Style: Regular

Total: 655.00

**Voucher Processing**☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher


Saved

**Accounting Instructions**\*Accounting Template: STANDARD Account At: Gross **Match Action**

\*Status:

Ready ☐ Pay UnMatched Voucher**Transaction Currency**

\*Source:

Tables 

\*Currency:

USD 

Rate Type:

CRRNT 

Exchange Rate:

1.00000000

**Voucher Approval**

\*Approval:

Specify at this Level 

Business Process:

PROCESS\_VOUCHERS 

Approval Rule Set:

Payment Approval Rule Set 1 **Self Billing Invoice**

\*SBI Num Option:

Group Vouchers (Auto-Nur 

SBI Number:

**Prepayment**Prepayment Reference: ☒ Automatically Apply Prepayment☐ Postpone Withholding**Letter of Credit**Letter of Credit ID:  **Tax Group**